

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.h.		9/15/99
O.I.P.E. CLASSIFIER		16	9/20/99
FORMALITY REVIEW	HC	71470	9/22/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/15/99
2	✓	✓	9/15/99
3	✓	✓	9/15/99
4	✓	✓	9/15/99
5	✓	✓	9/15/99
6	✓	✓	9/15/99
7	✓	✓	9/15/99
8	✓	✓	9/15/99
9	✓	✓	9/15/99
10	✓	✓	9/15/99
11	✓	✓	9/15/99
12	✓	✓	9/15/99
13	✓	✓	9/15/99
14	✓	✓	9/15/99
15	✓	✓	9/15/99
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43	✓	✓	9/15/99
44	✓	✓	9/15/99
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46	✓	✓	9/15/99
47	✓	✓	9/15/99
48	✓	✓	9/15/99
49	✓	✓	9/15/99
50	✓	✓	9/15/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here